



Virginia Department of  
**Health Professions**  
Board of Pharmacy

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## APPLICATION FOR A FACILITY PERMIT FOR PRACTITIONER(S) OF THE HEALING ARTS TO SELL CONTROLLED SUBSTANCES

### Check Appropriate Box(es):

<input type="checkbox"/> New, more than one practitioner selling at location <sup>1</sup>	\$240.00	<input type="checkbox"/> Change of location of selling area <sup>1</sup>	\$150.00
<input type="checkbox"/> New, only one practitioner selling at location <sup>1</sup>	No fee	<input type="checkbox"/> Remodel of selling area <sup>1</sup>	\$150.00
<input type="checkbox"/> Reinstatement <sup>3,4</sup>		<input type="checkbox"/> Change in designated practitioner <sup>2</sup>	No fee
<input type="checkbox"/> Reinstatement after suspension or revocation <sup>3</sup>	\$500.00	<input type="checkbox"/> Change in name of practice	No fee

Application fees are not refundable. Applications are valid for one year from the date of receipt.

The required fees must accompany the application. Make check payable to "Treasurer of Virginia".

**Applicant—Please provide the information requested below. (Print or Type) Use full name not initials**

Name of Facility	Telephone Number	
Street Address Where Applicant Wishes to Sell Controlled Substances	Fax Number	
City	State	Zip Code
If a current facility permit to sell controlled substances is held, indicate the permit number: <b>0224-</b>	Telephone Number (currently working number)	
Print Name of the Responsible Designated Practitioner for Facility <sup>2</sup>	Medical License Number <b>0101-</b>	
License Number of the Designated Practitioner to Sell Controlled Substances <b>0213-</b>	Email Address of Responsible Designated Practitioner for Facility	
Signature of the Responsible Designated Practitioner for Facility	Date	
Expected Hours of Operation	<sup>2</sup> Effective Date of Change	
Expected Opening, Moving, or Completion Date	Requested Inspection Date	

### <sup>3</sup> REINSTATEMENT ONLY:

Have controlled substances been sold from the location at the address on this application during the time that the facility permit was lapsed? Yes ☐ No ☐ If yes, attach explanation.

<sup>1</sup>A 14-day notice is required for scheduling a new, change of location, or remodel inspection and for a reinspection .

Drugs may not be stocked prior to inspection and approval of the drug selling and storage area.

<sup>2</sup>18 VAC 110-30-70 requires a facility with a permit for practitioners of the healing arts to sell controlled substances to designate a practitioner with a license to sell controlled substances who shall be the primary person responsible for the stock, the required inventory, the records of receipt and destruction, safeguards against diversion and compliance with the chapter.

<sup>4</sup> Reinstatement fee of \$480 equal to current renewal fee (\$240) plus reinstatement fee (\$240).

An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at (804) 367-4691 to verify the inspection date with the inspector.

**FOR OFFICE USE ONLY:**

Date processed:	Check No:	Receipt No:	Application No:
Assigned Inspection Date <sup>3</sup> :	Date Inspected:	Reviewed By:	Date Reviewed:
Date Issued:	Permit Number 0224-	Date Scanned to Enforcement:	Date Sent to PMP: